

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Senior Care, LLC	CHAPTER 100.1
Address: 2872 Oahu Avenue, Honolulu, Hawaii 96822	Inspection Date: January 23-24, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED
HONOLULU
FEB 11 2020

FEB 11 2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. FINDINGS Resident #1 – Clindamycin ordered via telephone on 6/3/2019; however, the medication order was not signed until 10/16/2019, more than four (4) months later.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">06/24/2019</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. <u>FINDINGS</u> Resident #1 – Clindamycin ordered via telephone on 6/3/2019; however, the medication order was not signed until 10/16/2019, more than four (4) months later.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <ol style="list-style-type: none"> 1. Reeducated staff on 1/24/2020 the need to have telephone orders signed off within four (4) months of receiving physician order. 2. DON to do random and periodic checks of charts to make sure policy and procedures are being followed in relation to medications. 	<p style="text-align: center;">1/24/2020 <i>M</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; <u>FINDINGS</u> Resident #1 – Chest x-ray indication not specific for positive history of PPD, nor does the result specifically state no evidence of active tuberculosis.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Contacted residents PCP to add "no evidence of pulmonary tuberculosis or contagion to residents CXR. Residents PCP faxed back with signature on 2/5/2020.</p>	<p style="text-align: center;">2/5/2020</p> <p style="text-align: center;">W</p>

MISSOURI
 STATE BOARD
 OF
 NURSING
 415 E. 12TH ST.
 COLUMBIA, MO 65202
 TEL: 314.334.6300
 FAX: 314.334.6301

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 – Chest x-ray indication not specific for positive history of PPD, nor does the result specifically state no evidence of active tuberculosis.	<div data-bbox="1263 1228 1369 1455"> <p>PART 2</p> <p><u>FUTURE PLAN</u></p> </div> <div data-bbox="1118 982 1224 1703"> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> </div> <div data-bbox="688 1008 841 1747"> <p>Staff educated that all chest x-ray for TB screening must indicate for positive history of PPD, and result must state no evidence of active tuberculosis</p> </div>	<div data-bbox="751 1747 828 1890"> <p>ongoing</p> <p>W</p> </div> <div data-bbox="282 1650 457 1927"> <p>01 JUN 02</p> </div>

Paul Peters

1 Joanna Victor

2/6/2020

02. 10. 2014